

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) HCP () IE () IC		Response Timely Filed? (x) Yes () No	
Requestor's Name and Address Edward Wolski, M.D. / Wol+Med 2436 I-35 South, Ste. 336 Denton TX 75205		MDR Tracking No.: M4-03-8648-01	
		TWCC No.:	
		Injured Employee's Name:	
Respondent's Name and Address BOX #: 54 Texas Mutual Ins. Co. PO Box 12029 Austin TX 78722-2029		Date of Injury:	
		Employer's Name: EMC Construction, Inc.	
		Insurance Carrier's No.: 930000001831302	

PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
7/24/02	1/22/03	64999, 99213, 99080-73	\$1,131.00	\$0.00

PART III: REQUESTOR'S POSITION SUMMARY

7/28/03: Requestor's position: "DOS 7/24/02, 9/24/02 and 10/23/02 CPT code 64999...were denied stating PEC – N Not appropriately documented. According to TWCC MFG pages 1 and 2 our documentation of procedure does include all 6 requirements...DOS 10/23/02, 10/5/02 CPT code 99213 were denied stating PEC – F -Fee guideline MAR reduction and C – Negotiated contract price...Our office is not engaged in any negotiated contract or WC PPO discounts... DOS 1/22/03, CPT code 64999, we received no response from the carrier...We feel that we should be reimbursed for our services..."

PART IV: RESPONDENT'S POSITION SUMMARY

7/30/03: Respondent's position: "...This carrier reimbursed the requestor the maximum allowable for code 99213 and 99080-73 for DOS 10/23/02 and 99213 for DOS 11/5/02 in order to resolve this portion of this dispute. Reimbursement will follow under separate cover. This carrier denied the remaining in dispute, 64999, with exception codes "N" and "F"

It is this carrier's position the requester's documentation did not substantiate an unlisted procedure was performed and that it is improper to use an unlisted code for a service for which there is a listed code...MFG, GI... 'HCP selects the name of the service or procedure that most accurately identifies each service performed'...accurate coding...essential for proper reimbursement... It remains this carrier's position the requester has NOT substantiated an unlisted procedure and that it is improper to bill a listed procedure as an unlisted procedure. This carrier attempted to contact the requester for clarification of the service code and appropriate reimbursement (left recorded messages...and sent e-mail...received no response..."

This Respondent added a copy of a peer review.

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

- On 7/16/03, MDR received the Requestor's request for reimbursement of treatment/service rendered from 7/24/02 through 1/22/03.
- The Respondent's response noted on the "Table of Disputed Services" that they would pay the difference due for two office visits (CPT code 99213-on DOS 10/23/02 and 11/5/02), and the 99080-73 charge (DOS 10/23/02) for \$15.00 would be reimbursed.

A telephone call was made to verify payment. Check # 08949154, was mailed on 7/31/03.

The check included the remaining \$4.80 for the 2 office visits and the \$15.00 for the 99070-73:

(DOS 10/23/02: 99213 (\$48.00 – previously paid \$43.20) = **\$4.80**.) paid total of \$48.00

(99080-73 **\$15.00**) paid total of \$15.00

(DOS 11/5/02: 99213 (\$48.00 –previously paid \$43.20) = **\$4.80**) paid total of \$48.00

Therefore, DOS 10/23/02 and 11/5/02 have been paid and a dispute no longer exists on these DOS.

- The remaining dispute is for CPT code 64999 for DOS 7/24/02, 9/24/02 and 1/22/03, denied
 - “N – Documentation submitted does not substantiate the service billed,” and
 - “O – The MFG states the importance of proper coding ‘accurate coding of services rendered is essential for proper reimbursement.’ The services performed are not reimbursable as billed.”
- a) CPT code 64999 as described by the MFG descriptor under Surgery Ground Rules: “Unlisted procedure, nervous system,” to be reimbursed by DOP.
- b) The description written on the SOAP notes, indicated to “See Nerve Block Sheet.” The ‘sheet’ was titled, “Electroceutical Nerve Block with Injection of Anesthetic.” The documentation submitted for review does not support the CPT code of services rendered nor supports DOP per MFG/GI, III, therefore reimbursement not recommended.

PART VI: COMMISSION DECISION AND ORDER

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is not entitled to (additional) reimbursement.

6 / 23 / 05

Authorized Signature

Name

Date of Order

PART V: YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on _____. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative’s box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, PO Box 17787, Austin, Texas, 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division’s Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

PART IX: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision and Order in the Austin Representative’s box.

Signature of Insurance Carrier: _____ Date: _____